

Form CPF M 102: Campaign Finance Report

Municipal Form RECEIVED TOWN CLERK Office of Campaign and Political Finance GRAFTON, MA

2018 MAR 12 AM 10: 03

Fill in Reporting Period dates: Beginning Date: June 16, 201 Anding Date: Dee. 3, 2017													
Type of Report: (Check one) Bth day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution													
Bruce W. Spinney Candidate Full Name (papplicable) Scleefman Grafton Office Sought and District 71 Potter Hill Rd. Grafton, MA 01519 Residential Address E-mail Dry warspi 36 yahoo COM Phone # (optional) Committee to Fleet Brue Spinney Committee Name Finall Plother Hill Rd. Grafton, MA 01519 Committee Name Committee Name Phone # (optional) Finall Emrand 29 Canadia Com Phone # (optional) Finall Emrand 29 Canadia Com Phone # (optional)													
SUMMARY BALANCE INFORMATION:													
Line 1: Ending Balance from previous report \$35.06													
Line 2: Total receipts this period (page 3, line 11)													
Line 3: Subtotal (line 1 plus line 2) \$2.5. ≈ 0													
Line 4: Total expenditures this period (page 5, line 14)													
Line 5: Ending Balance (line 3 minus line 4)													
Line 6: Total in-kind contributions this period (page 6)													
Line 7: Total (all) outstanding liabilities (page 7)													
Line 8: Name of bank(s) used: Homefreld Credit Union													
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee QR Candidate with independent activity filling separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.													
Signed under the penalties of perjury:(Candidate's signature)													

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

report all receipts. Please include your committee name and a page number on each page.)

€nter on page 1, line 2	\$0	Line 11: TOTAL RECEIPTS IN THE PERIOD	Line 11: TOTAL
		Line 10: Total Receipts \$50 and under* (not listed above)	Line 10: Total Rec
		9: Total Receipts over \$50 (or listed above)	Line 9: Total Reco
Occupation & Employer (for contributions of \$200 or more)	Amount	Name and Residential Address (alphabetical listing required)	Date Received

If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

		_									
	Line 11: TOTAL	Line 10: Total Reco	Line 9: Total Rece							1	Date Received
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Line 11: TOTAL RECEIPTS IN THE PERIOD	Line 10: Total Receipts \$50 and under* (not listed above)	9: Total Receipts over \$50 (or listed above)								Name and Residential Address (alphabetical listing required)
- C 10 -h-	90										Amount
5	← Enter on page line 2										Occupation & Employer (for contributions of \$200 or more)

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

from committee records, and reported on line 13. detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid (alphabetical listing) To Whom Paid Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD Line Line 13: Total Expenditures \$50 and under* (not listed above) 12: Total Expenditures over \$50 (or listed above) Address Purpose of Expenditure Amount 0

Page 4

above. * If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE B: EXPENDITURES (continued)

									Date Paid
Enter on page 1, line 4 →									To Whom Paid (alphabetical listing)
Line 14: TOTAL EXPENDITURES IN THE PERIOD	Line 13: Expenditures \$50 and under* (not listed above)	Line 12: Expenditures over \$50 (or listed above)							Address
CURES IN THE PERIOD	under* (not listed above)	0 (or listed above)							Purpose of Expenditure
\$0									Amount

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

									Date Received
Enter on page 1, line $6 \rightarrow$									From Whom Received*
Line 17: TOTAL IN-KIND CONTRIBUTIONS	Line 16: In-Kind Contributions \$50 & under (not listed above)	Line 15: In-Kind Contribution							Residential Address
ONTRIBUTIONS	\$50 & under (not listed above)	15: In-Kind Contributions over \$50 (or listed above)							Description of Contribution
\$0									Value

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6 Page 6

SCHEDULE D: LIABILITIES

as those liabilities incurred during this reporting period. M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well

								Date Incurred
Enter on page 1, line 7 →								To Whom Due
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)								Address
DING LIABILITIES (ALL)								Purpose
40								Amount